FORM D

PROCESSED

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

FEB 2 2 2007

FINANCIAL.

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPR	OVAL
OMB Num		
Expires:	April	30,2008 ge burden
Estimated	averag	ge burden
hours per r	espons	se 16.00

SEC USE ONLY						
Serial						
RECEIVED						

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Non-Voting Series D Convertible Preferred Stock Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	THE WAR DE REPORT AND THE WAR AND THE PROPERTY OF THE PROPERTY
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
PowerOneData, Inc.	07044869
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
7,755 South Research Drive, Tempe, Arizona 85284	<u> </u>
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	RECEIVED
Designing, developing and selling alternative meter reading solutions for the energy utility inc	dustry." FEB 1 2_2007
Type of Business Organization	
	lease specific:
business trust limited partnership, to be formed	151
Month Year	
Actual or Estimated Date of Incorporation or Organization:	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada: FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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1 of 9

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		A: BASIC IDI	ENTIFICATION DATA		
 Each beneficial ow Each executive off 	the issuer, if the issuer having the pow	uer has been organized wer to vote or dispose, or dis			f a class of equity securities of the issuer partnership issuers; and
Cheek Box(es) that Apply:	✓ Promoter	☑ Beneficial Owner	Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre 7755 South Research Dr			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre c/o 7755 South Research	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i El Dorado Investment Co					
Business or Residence Addre Mail Station 9988, 400 No		•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Sumit Mitra	f individual)				
Business or Residence Addre		-	ode)		
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Moorthy, Ganesh	f individual)	- · - · · · · · · · · · · · · · · · · ·			
Business or Residence Addre 13254 South 34th Court,	•	•	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Satish Kholay	f individual)				
Business or Residence Addre 3351 East Wickieup Land	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			•	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Phelps Dodge Corporation

Business or Residence Address (Number and Street, City, State, Zip Code)

One North Central Avenue, Phoenix, Arizona 85004

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in the graph of the constant		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information re	•	Č			
		suer has been organized w	· ·		
					a class of equity securities of the issuer
		-	corporate general and man	naging partners of	partnership issuers; and
 Each general and i 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)	-	
7300 North Sunset Can	•	n, Arizona 85718			-
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		General and/or Managing Partner
Full Name (Last name first, i Lambert C. Flessas	f individual)				
Business or Residence Addre 8133 East Del Capitan D		Street, City, State, Zip Co , Arizona 85258	ode)		
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				<u> </u>
Unitec, Inc.	•				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
428 East Thunderbird Ro	oad, Suite 650, P	Phoenix, Arizona 8502	2		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)	-	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	·			
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
	<u></u>				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				

Business or Residence Address (Number and Street, City, State, Zip Code)

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I.	Has the	issuer sold	i, or does th							•			X						
,	W/L - 4 !-	41:-:-	·			Appendix		•				ء 100	00.000,0						
2.	What is the minimum investment that will be accepted from any individual?																		
3.		=	permit joint		-							Yes K	No □						
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering lf a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state.																		
	If a pers	on to be lis s, list the na		ociated pe oker or de	erson or age ealer. If mo	ent of a brok ore than five	er or deale (5) persor	r registered is to be list	l with the S ed are asso	EC and/or	with a state	!							
			first, if indi	vidual)															
	hn Hurry																		
			Address (N			•	ip Code)			-									
			ve, Suite 6, oker or Dea		ie, AZ 852	53													
		Capital Ad		iici															
•			Listed Has	Solicited	or Intends	to Solicit	urchasers	<u> </u>			•	,							
	(Check	"All States	s" or check i	individual	States)						•••••	☐ Al	States						
	AL	AK	AZ X	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID						
	IL	ĪN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO						
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA						
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	\overline{WY}	PR						
Ful	l Name (l	Last name	first, if indi	vidual)															
			Address (Notice 1500, Contract)				Zip Code)												
Nar	me of Ass	sociated Br	oker or Dea	ler															
Name of Associated Broker or Dealer																			
Но	oulihan, S	mith & Co	mpany								Houlihan, Smith & Company States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								
				Solicited	or Intends	to Solicit I	urchasers												
	tes in Wh	ich Person										<u> </u>	States						
	tes in Wh (Check	ich Person "All States	Listed Has " or check i	ndividual	States)			DE	DC	FL	GA	All	States						
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Full Rich	(Check AL IL MT RI I Name (I	AK IN NE SC	Listed Has Tor check is AZ X IA NV SD first, if indi-	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA						
Full Rich Bus	(Check AL IL MT RI I Name (Inard Yangsiness or	AK IN NE SC Last name ez	Listed Has Tor check it AZ X IA NV SD first, if indiviated Address (N	AR KS NH TN vidual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA						
Full Rich Bus 273	(Check AL IL MT RI I Name (Inard Yangsiness or 33 E. Dry	AK IN NE SC Last name ez Residence	Listed Has Tor check is AZ X IA NV SD first, if indi-	AR KS NH TN vidual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA						
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Full Rich Buss Nan	(Check AL IL MT RI I Name (Inard Yandsiness or 33 E. Dryme of Assettes in What (Check	AK IN NE SC Last name ez Residence y Creek, Prociated Branch Creson "All States"	Listed Has " or check i AZ X IA NV SD first, if indiv Address (N noenix, Az. oker or Dea Listed Has " or check i	AR KS NH TN vidual) tumber an 85048 tler Solicited ndividual	CA KY NJ TX d Street, C or Intends States)	CO LA NM UT ity, State, 2	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR States						
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sqrt{a}\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	§	\$ <u>.</u>
	Equity Non-Voting Series D Preferred Stock	<u>\$_13,000,000.00</u>	\$_630,000.00
	Common Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	s	\$
	Other (Specify)	S	\$
	Total	s_13,000,000.00	§ 630,000.00
	Answer also in Appendix, Column 3. if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$_630,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 50,000.00
	Accounting Fees	_	s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately) Finders' Fees		\$ 187,500.00
	Other Expenses (identify)		\$
	Total		c 237,500.00

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES A	ND USE OF PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	- Question 4.a. This difference is the "a	djusted gross	\$12,762,500.00
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for ar check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an of the payments listed must equal the ac	estimate and -	
		,	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	_ []\$
	Purchase of real estate			
	Purchase, rental or leasing and installation of madand equipment	chinery	§	_ 🗆 \$
	Construction or leasing of plant buildings and fac	cilities	\$	_ 🗆 \$
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another		\$
	Repayment of indebtedness	***************************************		01 \$
	Working capital			
	Other (specify):			
				_ 🗆 \$
	Column Totals			00 🗾 💲 11,412,500.00
	Total Payments Listed (column totals added)			2,762,500.00
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Excha	ange Commission, upon writt	
SS	uer (Print or Type)	Signature	Date	
Po	werOneData, Inc.	() () () () () ()	súa 2-2 -	07
٧a	me of Signer (Print or Type)	Title of Signer (Print or Type)		
m	est Villicana	CEO		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is D (17 CFR 239.500) at such times as required by state law.	filed a no	tice on Form
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, inform issuer to offerees.	ation furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be e limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer cl of this exemption has the burden of establishing that these conditions have been satisfied.		
	suer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its bel uthorized person.	nalf by the	undersigned
Issuer ((Print or Type) Signature Date		
PowerC	OneData, Inc.	07	
Name ((Print or Type) Title (Print or Type)		

CEO

Instruction:

Ernest Villicana

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 5 3 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) (Part C-Item 2) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors **Amount** Yes No AL ΑK Series D Preferred AZ 17 \$505,000.000 \$0.00 X X \$13,000,000 AR CA CO CT DE DC FL GA Series D Preferred Hľ X 1 \$100,000.00 X \$13,000,000 ID IL IN IA KS KY LA ME MD MAMI MN MS

APPENDIX 5 , 1 2 3 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NVNH Series D Preferred ŊJ × \$25,000.00 X \$13,000,000 NM NY NC ND OH OK OR PΑ RI SC SD 'TN TX 'UT VT VA WA WVWI

				APP	ENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3		5 Disqualification				
			o non-accredited offering price Type of investor and amount purchased in State			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		·							
PR									

END